Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

# DHHS Excels, budget are top topics for March 17 Webcast

Are the values and goals of DHHS Excels already making a difference within the department? Who's applying the Excels values to achieve department goals? How does that work? How might the next budget biennium affect DHHS? Employees? Services?

These and other questions will be addressed live on March 17 from 3:30 – 5 p.m. when DHHS Secretary Lanier M. Cansler delivers the DHHS Excel update via a Webcast to department employees through an Internet connection provided by N.C. State University.

If your work responsibilities allow, and you have Internet access, be sure to watch and participate. As in previous sessions, questions and comments may be sent in via the viewing link, and Secretary Cansler will read and respond to them during the Webcast.



To view the Webcast and to send a question, go to this link: http://mediasite.online.ncsu.edu/online/Viewer/?peid=af001a22ee9e4a239c521bea8c0a22a91d

Cansler will be joined by DHHS staff who will discuss how Excels has helped to energize and focus a team working on one of the division's initiatives that benefits its clients. The effort exemplifies the value of collaboration.

On the budget, Cansler notes what a tough task Gov. Bev Perdue

has faced, and how some program areas are being scaled back.

"In developing the budget, the Governor worked hard to protect core DHHS services, particularly in Medicaid and mental health," he said. "Overall impact on the safety net of health services has been minimized to avoid significant hardships on North Carolina citizens. ... The Governor exercised a great deal of sensitivity and effort to protect core DHHS services."

## **NSIDE**TOP FEATURES

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# New Excels initiative launched on work force planning and development

On Feb. 17 Assistant Secretary for Finance and Business Operations Dan Stewart convened a group to address work force planning and development in DHHS. Stewart is the designated executive sponsor of this effort

The expected outcome of the subcommittee will be a plan to guide human resources actions over the next two, five and 10 years. This will be no easy task given that DHHS is faced with several challenges, including significant retirements of the baby boom generation, a hiring freeze, demographic and economic change, realignment of services around goals and insufficient training resources.

A major task of the subcommittee will be to identify characteristics, skills and talents of the workforce of tomorrow by addressing some of the following questions:

- Should job descriptions change?
- How do we find the right mix of skills today to meet the challenges of tomorrow?



Dan Stewart

- Where can we identify process improvements and create operational efficiencies in the human resources process?
- How can we retain workers with special skills?
- What kind of training will be needed to maintain a more nimble and creative workforce?
- How much will that cost and where will we find the funding?

Department-wide participants on the subcommittee include some of the top staff from several divisions and

offices: Laketha Miller and Robbie Alford, Controller's Office; Verna Best, Office of Economic Opportunity; Julie Bloomingdale,. Division of Vocational Rehabilitation Services; Deb Cassidy, Child Development; Kathy Gruer, Don Webb and Barb Kunz, DHHS Human Resources: Jessica Herrmann, Division of Mental Health/ Developmental Disabilities/ Substance Abuse Services: Tom Reeher. Division of Information Resource Management, Sandra Terrell, Division of Medical Assistance; Bernetta Thorne-Williams, Division of Health Service Regulation: Joanne Toomey, N.C. Council on Developmental Disabilities; Sandra Trivett, DHHS Special Projects; and David Womble, Purchasing & Contracting.

Sandra Trivett,Special Projects Office



## **Frequently Asked Questions**

### Q: What is DHHS Excels?

A: It is a management and cultural transformation designed to move DHHS from a silo approach in the delivery and management of services to a collaborative, accountable and results-based organization. It's about making DHHS the best it can be!

### Q: Who is involved in DHHS Excels?

A: A Steering Committee of 15 people provides overall direction to the process and informs and engages an expanded DHHS Leadership Team of 60 people representing every division and office. Through outreach efforts and other committee work, staff from all levels of the Department is involved in DHHS Excels.

### Q: Who does it impact?

A: All 19,000 DHHS employees around the state - office as well as facility based, executives to direct care workers - are impacted by efforts to provide excellence in the delivery of services to the people of North Carolina. Also impacted are all 9.5 million people in North Carolina who either support the department through their tax dollars or utilize DHHS services, as well as strategic partners who play a role in the delivery of services.

### Q: Who does it benefit?

A: All residents of North Carolina who care about people and good government benefit, as well as taxpayers concerned about efficient and effective services for their tax dollars, and the many North Carolinians who depend on DHHS services.

### Q: When was it started?

A: DHHS Excels was formally launched by Secretary Lanier Cansler in October 2009.

### Q: When will it end?

A: DHHS Excels is an ongoing effort designed to achieve the goal of being the best run agency in state government, where employees believe they work for the state agency of choice, and where all is measured, tracked and continuously improved. DHHS Excels is the foundation for a continuous improvement effort well into the future.

### Q: Where is DHHS Excels being implemented?

A: In all divisions, offices, services and facilities around the state.

### Q: How is it being implemented?

A: All executive level staff is actively involved in the change process; many have assumed executive sponsorship of specific efforts. Staff from all levels is involved on the numerous problem solving committees. Outreach efforts to educate and inform staff in the facilities and other regional locations have been conducted. Efforts have also been made to inform DHHS' many providers and stakeholders about DHHS Excels.

### Q: What has been accomplished to date?

### A: Vision, Mission and Values Statements

For the first time, DHHS has a department-wide vision and mission statement. Gone are the days when every office and division had a separate mission. Even though DHHS' 26 divisions and offices serve different populations and needs, a single mission statement focuses all on the department's mission and vision. Also for the first time, DHHS has developed five fundamental values to guide our work behaviors. Everyone, from the Secretary to facility maintenance staff, is expected to model the five values.

#### **Performance Goals**

For the first time, DHHS has identified five departmental performance goals that reflect the interrelationship between the numerous services provided to the public. Divisions and offices are working together where they provide similar or related services to targeted populations to identify how to improve outcomes through better collaboration and shared measures.

### **Budget Realignment**

DHHS has restructured its budget to reflect services rather than funding streams and to align related services for a target population under the appropriate performance goal. Thus the Department has moved from division level assignment of services to funds to a departmental level of assignment of services to funds; this allows better department-wide planning.

### **Open Window**

Through enhancements to Open Window, DHHS is now more transparent than ever about our services, outcomes and expenditures. Check out Open Window at <a href="http://dhhsopenwindow.nc.gov">http://dhhsopenwindow.nc.gov</a>

### **Strategic Planning**

A strategic plan, based on the above accomplishments, provides the basis for all future decision-making. See DHHS planning structure diagram below.



## Healthy NC 2020 unveiled at conference

Did you know that North Carolina ranks 35th among U.S. states in terms of overall health? In fact, for most of

the past 20 years, our rank has been even lower. The newly created Healthy North Carolina 2020 Objectives, unveiled at the State Health Director's Conference in January, aim to move North Carolina to "A Better State of Health."

"The process to develop the Healthy NC 2020 objectives was very collaborative, involving more than 150 people, representing other agencies within DHHS and state government, as well as numerous other state and local partner organizations," State Health Director Jeff Engel told more than 250 local and state health leaders attending the conference. "Our focus is to prevent and reduce risk

Healthy North Carolina

A Better State of Health 2020



Governor lauds health directors

Governor Bev Perdue applauded the work of local health departments in disease prevention and health promotion during her speech to 250 state and local public health leaders at the annual State Health Director's Conference in January. To her right sit DHHS Secretary Lanier M. Cansler and State Health Director Dr. Jeff Engel. — Jim Jones Photo

factors that contribute to the leading causes of death in our state."

Healthy North Carolina 2020 (HNC2020) builds on initiatives pursued over the past two decades – Healthy NC 2000 and Healthy NC 2010, as well as the NC Prevention Action Plan - to mobilize the state toward achieving a common set of health objectives. Focus areas for HNC2020 include tobacco use, nutrition and physical activity, risky sexual behavior, substance abuse, environmental risks, injury, infectious disease/food-borne illness, mental health, dental health, maternal and infant health, social determinants of health, and chronic disease.

Over the course of the next decade, HNC2020 will help drive state and local-level activities to improve

population health. In fact, beginning this year, every local health department must include a minimum of two HNC2020 objectives from different focus areas in their Community Health Assessment plan, thereby making these areas a priority in terms of strategy and resources. The Division of Public Health will provide technical assistance and expertise, encouraging evidence-based strategies in local health departments and other community-based organizations working toward the HN2020 goals.

"Healthy NC 2020 is a great example of what DHHS Excels is all about," Engel said. "It is a results-oriented approach

to improving the health of the people we serve."

Visit the HNC2020 website (www.publichealth.nc.gov/hnc2020) to read more about the objectives and targets and sign a resolution in support of making North Carolina a healthier state

- Julie Henry, DHHS Public Affairs

## Leave changes effective Jan. 1, 2011

## The following incorporate changes to leave policies for state employees that are effective Jan. 1, 2011.

### **Voluntary Shared Leave (VSL)**

### www.osp.state.nc.us/manuals/2002/VoluntarySharedLeave.pdf

A non-family member of a State agency may donate sick leave to a nonfamily member of a State agency under the following provisions effective January 1, 2011:

- The donor shall not donate more than five days of sick leave per year to any one nonfamily member;
- The combined total of sick leave donated to a recipient from a nonfamily member donors shall not exceed 20 days per year;
- Donated sick leave shall not be used for retirement purposes, and
- Employees who donate sick leave shall be notified in writing of the State retirement credit consequences of donating sick leave.

Advisory Note: At retirement a member of the Teachers' and State Employees' Retirement System with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

### **Vacation Leave**

### www.osp.state.nc.us/manuals/manual99/Vacation%20Leave.pdf

Below are Vacation Leave changes that went into effect January 1, 2011:

- Combines the 0-2 years with 2 but less than 5 years to create a less than 5 years category.
- Increases the annual accrual rate by 2 hours per year for each of the years of total state service category.

### Vacation Leave Accrual, EFFECTIVE JAN. 1, 2011

Years of Total State Service	Hours Granted Each Month	Hours Granted Each Year	Days Granted Each Year
Less than 5 years	9 hrs. 20 mins.	112	14
5 but less than 10 years	11 hrs. 20 mins	136	17
10 but less than 15 years	13 hrs. 20 mins.	160	20
15 but less than 20 years	15 hrs. 20 mins.	184	23
20 years or more	17 hrs. 20 mins.	208	26

# Public health veteran Stevens honored with award

Dr. Rachael Stevens was honored as the 2011 recipient of the Ronald Levine Legacy Award in recognition of her lifetime of contributions to public health in North Carolina at the conclusion of the State Public Health Directors' Annual Conference on Jan. 28.

Named for former North Carolina State Health Director Dr. Ron Levine, the annual award honors individuals whose work and commitment on behalf of the public's health has resulted in significant, sustainable and positive improvements to health and quality of life in North Carolina.

Stevens is a senior advisor for the N.C. Institute for Public Health and a consultant to the U.S. Centers for Disease Control and Prevention (CDC). She began her career as a nurse in health departments in Chapel Hill and Cabarrus County and was a



State Health Director Dr. Jeff Engel presents Rachael Stevens with the 2011 Ronald Levine Legacy Award at the State Health Director's Conference in January. – Jim Jones Photo

public health nursing education and research specialist in the N.C. Division of Health Services (now the Division of Public Health).

Among her many public health activities, Stevens has been a leader in the Association of North Carolina Boards of Health and is a member of the Chatham County Board of Health. On the national level, she has been active in the National Association of Local Boards of Health and has participated in leadership of the Robert Wood Johnson Foundation and CDC-funded Multi-State Learning Collaborative since 2005.

A graduate of the UNC-Chapel Hill School of Nursing, Stevens has been a clinical assistant professor in public health nursing at the UNC-Chapel Hill School of Public Health, providing scholarly advice to graduate students, many of whom work in public health in North Carolina.

- Julie Henry, DHHS Public Affairs

# Still trying to quit? Help continues to be available

QuitlineNC, North Carolina's free telephone service to help tobacco users quit, had the biggest year ever for callers in 2010. QuitlineNC heard from 9,840 callers last year, compared with 5,685 callers in 2009, according to the Division of Public Health.

QuitlineNC is available daily 8 a.m. until 3 a.m. at 1-800-QUIT-NOW (1-800-784-8669).

"These numbers show that QuitlineNC is a great investment in North Carolina's health," State Health Director Dr. Jeff Engel said. "Evidence shows us that smokers who get counseling are more likely to be successful in quitting. The smoke-free restaurants and bars law is another incentive for smokers to go ahead and make that quit attempt."

The N.C. State Health Plan for Teachers and State Employees continues to offer free nicotine patches to members who call QuitlineNC for coaching to help them quit. This offer will continue through 2011.

"One thing we can all do is encourage our colleagues throughout DHHS and their dependents to call QuitlineNC to take advantage of this offer," said Joyce Swetlick, director of tobacco cessation for the Tobacco Prevention and Control Branch, Division of Public Health. "Combining quit coaching with



1-800-QUIT-NOW
1 - 8 0 0 - 7 8 4 - 8 6 6 9

Many Medicaid clients may not be aware that cessation medications, such as nicotine replacement therapy, are available to them with a prescription and a small co-pay.

nicotine replacement therapy more than triples your chance of quitting for good."

Swetlick encourages programs within DHHS to download and print QuitlineNC business cards to make available to employees and clients who use tobacco and need assistance quitting. Since people with lower income, the unemployed, the mentally ill, and those with chronic diseases are more likely than others to be smokers, many DHHS programs may come into contact with smokers every day.

"Having a small card to hand them is a great way to make sure they are at least aware of the program, even if they aren't ready to quit right now," Swetlick said. "The card can fit in a wallet or a cell phone cover, so it will be there when needed."

Many Medicaid clients may not be aware that cessation medications, such as nicotine replacement therapy, are available to them with a prescription and a small co-pay. Encourage them to speak with their health care provider about the available medications and hand them a QuitlineNC card.

## Download QuitlineNC business cards at:

www.tobaccopreventionandcontrol. ncdhhs.gov/cessation/documents/ QuitlineBusinessCard.pdf

### **Spanish Version:**

www.tobaccopreventionandcontrol. ncdhhs.gov/cessation/documents/ QuitlineCardSide-1-2-Spanish.pdf

## Learn more about QuitlineNC at:

www.tobaccopreventionandcontrol. ncdhhs.gov/cessation/quitline.htm

Ann Staples,
 Division of Public Health

# Broughton Hospital achieves Joint Commission accreditation

Broughton Hospital has received full accreditation by the Joint Commission, the national independent agency for accrediting all public and private health care facilities

The hospital underwent a three-day Joint Commission survey last December to qualify for national accreditation. At the conclusion of the survey, Joint Commission members gave hospital leaders an indication of a favorable outcome, but Broughton Hospital CEO Tom Mahle said the official letter confirming the accreditation arrived on Feb. 14.

"Our staff worked very hard to prepare for this survey visit and it is through their work and dedication to the quality of care provided by Broughton Hospital that I attribute our successful accreditation," Mahle said. "I am proud of them and proud of this accomplishment. We look forward to a long and successful working relationship with the Joint Commission."

DHHS Secretary Lanier M. Cansler noted the efforts of facility and staff. "I wish to extend my personal thanks and congratulations to the staff of Broughton Hospital," he said. "In all ways, this accreditation underscores reality that this hospital – indeed all of our facilities – are making tremendous strides in providing the highest quality of care to the people of North Carolina. This positive affirmation by an independent

reviewer of our hospital only strengthens our determination to continue our efforts to excel at all levels of our mental health delivery system."

Broughton Hospital is a 278-bed state-operated psychiatric hospital serving the mental health needs of patients from 37 counties in the western region of the state. The hospital is also the largest employer in both the town of Morganton and in Burke County. This spring, the hospital plans to break ground for a new facility. It will be the third of three state-of-the-art psychiatric hospitals to be built or under construction for the N.C. Department of Health and Human Services to replace aging facilities

Mark VanSciver,
 DHHS Public Affairs

# Walter B. Jones ADATC achieves Joint Commission accreditation

Walter B. Jones Alcohol and Drug Abuse Treatment Center has received full accreditation by the Joint Commission, a national independent agency for accrediting all public and private health care facilities.

The center underwent a three-day Joint Commission survey last December in order to quality for national accreditation. According to the Center's CEO Theresa Edmondson, although the facility received its official notification last week, the accreditation became effective as of Dec. 11, 2010.

"We are appreciative and excited about Joint Commission accreditation," Edmonson said. "The center is committed to a standard of care that embraces evidence-based practices and innovative treatment. Our staff works diligently to provide the very best services possible to the citizens of North Carolina."

Edmondson added that the center has been asked to submit additional information about the work practices created at the ADATC as a result of the N.C. Department of Health and Human Services Project Excels Initiative. The Walter B. Jones Alcohol and Drug Treatment Center's focus on the Excels initiative is being considered as a new best practice model in healthcare management for the nation by the Joint Commission, she said.

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### Walter B. Jones ADATC cont. from page 9

Excels was launched in October 2009 by DHHS Secretary Lanier Cansler with an agency-wide goal of achieving excellence in five key areas: customer service, open and transparent operations, collaboration both within and outside the agency with key partners, anticipating events and trends rather than reacting to them, and being a results-based organization.

"Walter B. Jones ADATC is the second of our three state-operated substance abuse treatment facilities to achieve this landmark accreditation by the Joint Commission," said Cansler. "I commend the staff and management for their hard work in acheiving their accreditation."

The Jones Center is an 80-bed stateoperated facility located in Greenville that serves adults with substance abuse and co-occurring mental health disorders from 38 counties in the eastern region. The center hosts the state's only public in-patient perinatal program — a treatment program for pregnant and postpartum women and their infants. This program is open to women from all 100 counties.

Mark VanSciver,DHHS Public Affairs

# Carroll is first DHHS teacher to renew national board certification

Natalie Carroll enjoys a challenge. As the lead teacher in the Redwood Resource Center at J. Iverson Riddle Developmental Center in Morganton she has faced more than her share during her educational career.

In 2001, fresh from graduate school at Western Carolina University and working full time at the Riddle Center, Natalie decided to pursue national board certification. A new program at the time, there were fewer than 8,000 public school teachers certified nationwide and almost no one certified who was teaching in a developmental center that served adults with disabilities. Yet Natalie rose to the challenge and became certified by the National Board for Professional Teaching Standards that year.

"Our clients deserve the best teachers," she said. "I know I still have deficits, and that there is more about teaching people with severe disabilities that I can learn. Teachers at the Riddle



Natalie Carroll

Center are constantly evaluating and changing their practice, to be the best teachers we can be."

At Redwood Resource Center, she works with other teachers and other staff to put the clients' needs first. Residents work during the day on recycling across the campus, making paper, shredding, and doing other tasks which emphasize their capabilities and help them learn independence. The staff works to constantly adapt equipment

and tasks so that clients can do more themselves.

In 2009, she decided to renew her certification early so that she would be sure to recertify by the deadline. By 2009, Natalie had left full-time classroom duties to be the director of Redwood Resource Center. But one particular client came along who had a troubled history, and Natalie spent a lot of time collaborating with teachers and working with the client. She knew it was the right time to pursue her renewal. She said the process, which is designed to focus on how teachers have grown since the initial certification process, was much easier because she had more experience matching the prescribed tasks to specific events and clients. Natalie found out in the fall of 2010 that she was successful and that her certificate would be renewed for another 10 years.

cont. on page 11

### Carroll is first DHHS teacher cont. from page 10

Natalie says that she has appreciated the opportunity to pursue National Board Certification as a teacher at the Riddle Center. She feels it is critical that teachers in DHHS have the same options as teachers in the public schools. The Riddle Center has four National Board Certified teachers. There are 26 in the Division of State Operated Healthcare Facilities and 57 in other divisions within DHHS.

Founded in 1987, the National Board for Professional Teaching Standards is an independent, nonprofit, nonpartisan, and non-governmental organization dedicated to advancing the quality of teaching and learning. National board certification is the highest credential in the teaching profession. A teacherdriven, voluntary process, certification is achieved through a rigorous,

performance-based assessment that typically takes one to three years to complete. Currently, teachers in all DHHS educational programs are eligible to participate if they hold a continuing North Carolina teaching license, have been employed by the state as a teacher for at least three years, and are currently in a state-paid teacher position.

Kathy Seeger Rhodes,
 Division of State Operated Facilities

### **Public Health groups wear red**



Employees at the State Center for Health Statistics, left, and Vital Records, right, helped spread the word about Women and Heart Disease by participating in Go Red For Women Day on Feb. 4. Find out more about heart disease prevention and "knowing your numbers" at Start With Your Heart www.startwithyourheart.com/resources/508SWYH\_CholesterolConsumerBrochureEnglish.pdf